
Module 1

The Role of the CCG

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Lesson 1.1

*The Role of the
CCG in Operation
Sukuma Sakhe*

AIM OF THE LESSON

Lesson 1.1 aims to introduce the learner to the CCG Foundation Course and provide the learner with the skills they will need as a Community Caregiver.

Learning Outcomes

By the end of this lesson learners should be able to:

- Explain Operation Sukuma Sakhe
- Explain the role of the CCG in Operation Sukuma Sakhe
- Explain the role of the CCG in the community
- Explain how ethics and confidentiality applies to the CCG
- Demonstrate the special skills such as facilitation, advocacy, communication, social mobilisation and screening and referral skills needed by the CCG
- Explain ways for the CCG to take care of themselves

Lesson Contents

- Overview of Operation Sukuma Sakhe
- Process for understanding, meeting and reporting on community, household and clients' needs
- Ethics and confidentiality
- Skills needed by CCGs
- Caring for the caregiver

References

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1. Overview

a. Why the need for Operation Sukuma Sakhe (OSS)?

The people of KwaZulu-Natal (KZN) have many different challenges like poverty and a lack of food, unemployment, violence against women and children, diseases such as heart problems, HIV and AIDS, TB and road accidents. Many of these challenges are linked to each other. If a person is unemployed, they may not have the money to buy food and this makes it hard to stay healthy. Operation Sukuma Sakhe is the call for the people of KwaZulu-Natal to 'Stand Up and Build' KZN together by dealing with problems such as poverty, unemployment, crime, substance abuse, HIV and AIDS and TB that have destroyed communities. There are positive things in KZN, like a strong sense of community and Ubuntu. By working with government to deliver services, Community Caregivers (CCGs) assist in creating healthy communities.



b. How does Operation Sukuma Sakhe work?

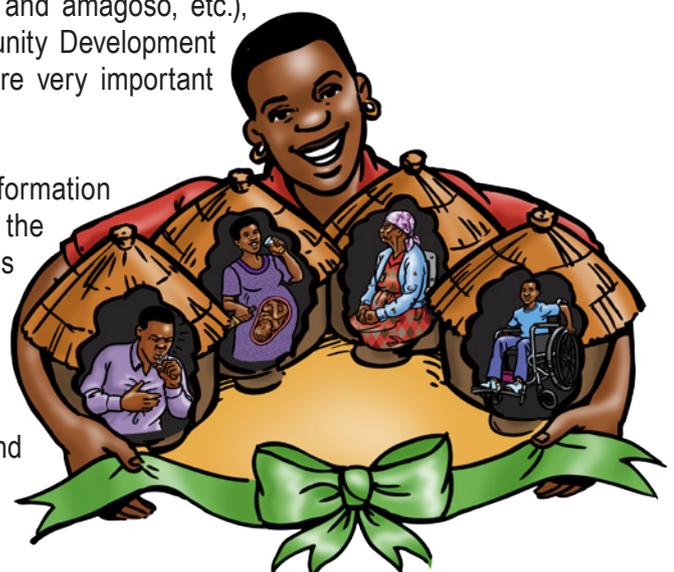
Operation Sukuma Sakhe (OSS) is a programme of government that helps government and the community to work together to solve the challenges in the community. OSS is about building a better life for communities and it can only work with the help of the community.

c. Who is involved in Operation Sukuma Sakhe?

Government works with many partners such as community-based organisations and the community itself, which come together in a War Room based in the Wards. The War Room has members from youth groups, women's groups, religious and church leaders, traditional structures (amakhosi, izinduna and amagoso, etc.), sport, business, elderly and other cultural bodies. The Community Development Worker, the Community Caregiver and Government officials are very important members of the War Room.

A Community Caregiver is a trusted partner who gathers information about the challenges that communities face and to educate the community on important issues. For this reason, the CCG is given a set number of households and would visit households door-to-door to:

- Understand the needs in the household
- Help people to get to the services that they need
- Educate household members to live in a healthy way and prevent diseases
- Screen and refer individuals to other services for treatment care and support
- Follow up with households to make sure that they received the services they needed



2. What is the role of the Community Caregiver (CCG) in Operation Sukuma Sakhe?

The CCG is one of the main champions in the community and is responsible for gathering important information about households to help solve the challenges in the community. The CCG is also a facilitator who tries to educate the households about healthcare and social services and where to get services. The CCG must ask important questions (screen) to see what the needs are and also to understand what to tell the household (educate) and where to send clients for important services (refer).

When we ask questions, we are screening clients. This means we are gathering important information to help government understand the community and household issues so that everyone can work together to help solve these challenges.

The CCG uses this information to:

- Feedback to the War Rooms to help the OSS programme respond to community needs
- Educate clients about healthcare and social services
- Understand health issues and refer (send) clients to the clinic
- Understand social issues and to refer (send) clients to social services
- Keep checking on the household to see if there is improvement and change
- Report on households' progress at CCG meetings

What is the process understanding, meeting and reporting on community, household and client's needs?

Steps in the process: The steps in Diagram 1 show how you start to do your job by gathering information about the community and also educating the community.

Step 1: You will be provided with a War on Poverty Household Profiling Tool and training which will help you complete the tool for each household. The War on Poverty Household Profiling Tool has questions which help you and government understand the household needs. This is what it means to profile a household.

Step 2: You will receive an allocation of households within a ward. These households rely on you to provide the War Room with information about their needs.

Step 3: You will then meet the household and ask the questions using the War on Poverty Household Profiling Tool to profile households. In this way you will know what the needs of these households are. The Household Profiling Tool takes up to two hours to complete.

Step 4: At the War Room, the household needs from all the Community Caregivers in the Ward are summarised.

Step 5: The War Room Task Team prioritises the needs and submits a report to the Local Task Team (LTT).

Step 6: The LTT will develop service provider action plans and submit these to the War Room. The War Room will then provide feedback to the CCG. After you profile the household and during your follow up visits to provide services, you will also question household members, educate them on living healthily; educate them on important diseases and services and refer household members for treatment, care, social services and support. You will also receive other tools to help you ask questions and to keep records of what you have done. These tools are there to help you to do your work in a better way. You will also explain to the household what the plan is for meeting the needs that you have found and how you will let them know about the steps that are being taken by the correct departments (e.g. Department of Health, Department of Social Services) so that these needs can be filled.

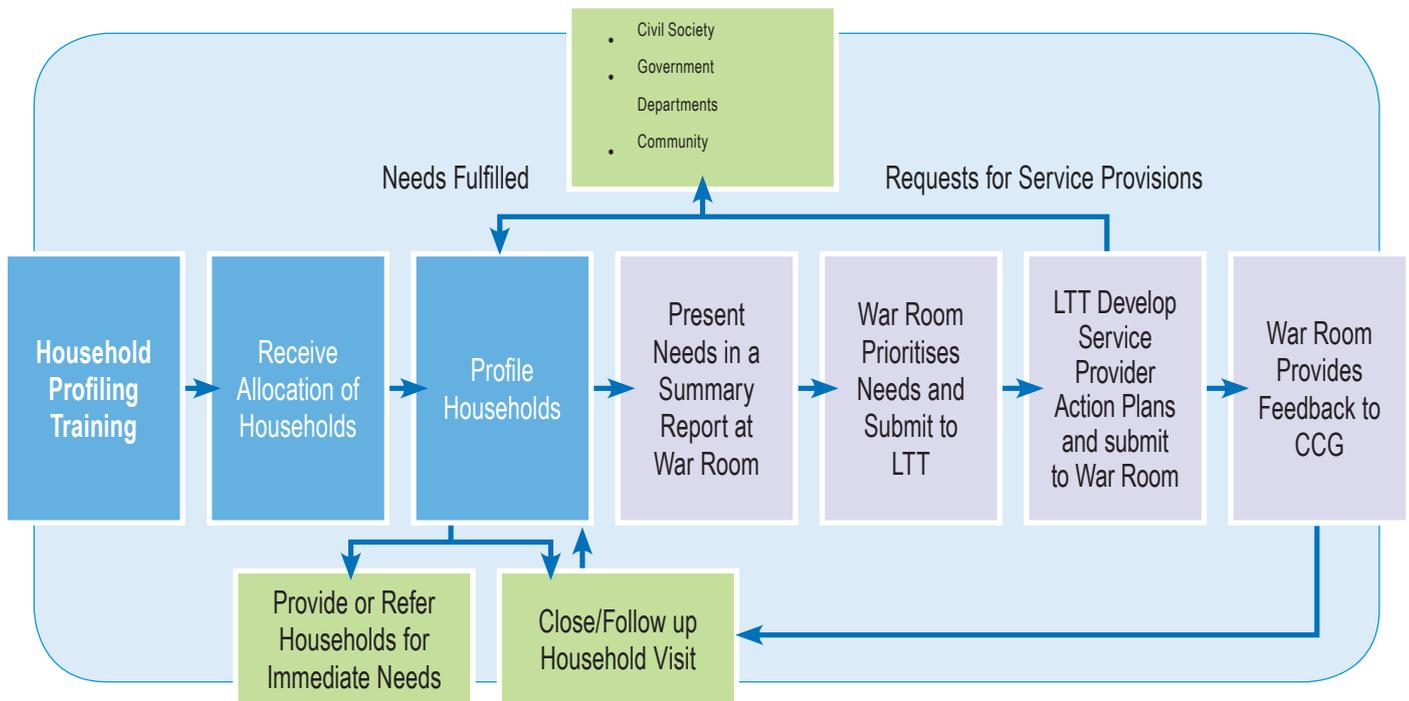


Diagram 1: Process for understanding, meeting and reporting on community, household and clients needs

3. Why CCGs are important in Operation Sukuma Sakhe?

- You are the first members of the health and social development team that see clients who are sick or in need of social services
- You are the ones who make contact with the household first
- You are one of the first to find an outbreak of disease and inform the clinic
- You understand how the community works including cultural influences and beliefs
- You form a link between clinics, health and social services and communities
- You help families understand their own situations and you can advise them on how to get e.g. grants
- You help to recognise abuse in families and refer to the correct places for assistance
- You help families in getting services to help them improve their lives

4. What should the CCG do in the household and in the community?

CCGs should do the following:

- Provide basic community-based care in the home
- Check the health status of all family members in the household and provide care for the sick
- Look for danger signs and refer clients to health clinics
- Provide health promotion and education at a household and community level
- Make sure that household members stay on (adhere) and follow the treatment exactly as prescribed by the clinic staff. Identify those who do not adhere to treatment and refer them to the clinic
- Check health cards to make sure that clients stay on and follow the treatment exactly as prescribed by the clinic staff
- Start and encourage community-based projects such as support groups

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- Take part in community mobilisation against diseases through awareness campaigns and health services provided in facilities
- Assist the communities to take part in poverty alleviation programmes, e.g. food gardens
- Link communities with health clinics
- Assist in linking communities with other Government Departments – SASSA, Home Affairs, Department of Environmental Affairs, Department of Labour, Department of Social Development, Department of Education, etc
- Find out what the social needs of the families are, and refer them to suitable services for help related to the specific need – local non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), South African National Council on Alcoholism and Drug Dependence (SANCA), Cancer Association of South Africa (CANSA) Life Line, National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), Early Childhood Development (ECD) – Crèches, Child Welfare, Mental Health Society, Society for the Deaf, Society for the Blind, Cripple Care, Family and Marriage Association of South Africa (FAMSA), different support groups, etc



5. Ethics and confidentiality and the CCG

A CCG is a very important part of OSS and the community must trust you. You must therefore be someone who is honest and who can keep information private and confidential. You must also care about people and act in a certain way. This means you must have good ethics and must also know how to keep things confidential.

What is ethics and confidentiality?

Ethics is a system of rules we should all follow when dealing with clients. For example, making sure that your client knows all the details of a procedure or test so that it will help the client make a decision about whether they want to have the test or not.

Confidentiality is keeping details of a client's private matters or medical condition, e.g. HIV status or domestic abuse, a secret from everybody except the team of professionals from whom you may need assistance to help the client. This is especially important when it comes to your records about a client [see Lesson 1.3 on Recording and Reporting].

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Exercise

Think of a secret in your life. Write down one or more reasons why you might tell someone this secret.

Some of the reasons may be because:

- You tell your friend/best friend/partner everything
- You want advice on what to do about a problem that someone else confided in you
- You wanted to look important – 'I know something you do not'
- You just let it slip – 'I forgot it was secret information'
- You felt forced into telling it
- Someone asked if you knew about the situation and you did not want to lie

It is normal to want to confide in someone.

Exercise

Think about how YOU would feel if you confided your secret in someone and that person told the secret to someone else without your permission. Write these down under the column labelled 'Feelings'.

Next, think about what might be the results of telling secrets to other people without the person's permission. Write this down under the column labelled 'Results'.

Feelings	Results

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Role Play

Divide into three groups. In the first group, ask two members of the group to each play a CCG and a family member (e.g. mother or sister). In the second group, ask two members of the group to each play a CCG and the CCG's partner. In the third group, ask two members of the group to each play a CCG and the CCG's very close friend.

The family member, partner or close friend see the CCG coming out of the Shongwe household. They ask the CCG to tell them what is happening in this household. What should the CCG say to them?

The other members of the group must write down what the CCG did well and how this can be improved.

Next, ask another two members in each group to play a CCG and a family member, the CCG's partner and the CCG's close friend. They each see the CCG's notebook lying on the table and they pick up the notebook. The CCG sees them do this. What should the CCG say to them?

The other members of the group must write down what the CCG did well and how this can be improved. The other team members must also write down what steps the CCG should take to prevent this from happening again. Each team must be prepared to present their results to the whole group.

Group Exercise

Discuss your role as a CCG in your community.

6. What special skills does a CCG need to deal with families and communities?

As a CCG, you need certain skills to help you in your job so that you can assist the household. You will be working very closely with many different types of people within families. There will be a lot of information you will need to gather from people. While gathering this information, you may need to ask more questions so you understand their situation very well. You will also need to share a lot of important information with people in the household to help educate them and encourage them to change behaviour in some instances before referring them to various service providers. People will ask a lot of questions about the information you share. There will be times when you will be required to bring the community together to speak out on certain issues that concern them. There are important skills you will need to help you to do your job better. As you practice these skills you will become better at your job.

There are five very special skills that a CCG needs to develop:

- a. Communication skills
- b. Facilitation skills
- c. Advocacy skills
- d. Social mobilisation skills and
- e. Screening and referral skills

a. Communication skills

It is very important that you communicate in a way that people understand. As a CCG you will be communicating with your clients, with the clinic, social services, NGOs, with your supervisor and with the War Rooms where you will explain the needs of the community. Communication with your client will include discussing various topics and some points

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will be very sensitive. It is the manner in which you communicate with your client that will make them trust the information you give them and also to trust and respect you. Sometimes, you may need to repeat yourself so the client hears the message clearly. You need to be very careful about how you speak and how you use your body and voice when you communicate.



What does communication mean?

- The words we use mean the same thing to the person that is hearing them. Sometimes what you say can confuse a person because they do not know the words you are using. Good communication is about making sure we use words that you and the client understand
- The tone of our voices does not upset the listener. If you talk in a way that makes a person feel stupid, then you will upset the person. You and your clients are all learning and improving, so you must speak to people in a way that is respectful. Your tone is very important when you speak. **Activity:** Give some of your own examples of good and bad use of tone/voice
- The way you hold your body can either help your discussion or damage it. Pointing your fingers at someone while you are speaking may upset the person. **Activity:** Give some of your own examples of bad body language
- Listening. Communication is also about listening to people so that you can understand what they are feeling or need
- Observation (watching) is very important. It is not just seeing what a client looks like but also understanding what you are seeing. Also, you will look around the household both inside and outside to look for any other household needs

For example, if a person says they are pleased to meet you, but their voice is loud and harsh and they are not smiling or looking you in the eye and their body is turned away, it may feel to you that they do not mean what they are saying.

Every time you as a CCG communicate with clients, you should start by greeting the person. You should then listen carefully to what the client is asking you, and then you will need to answer them, either with health education or to refer them to another service.

In every part of the conversation, there are things that you as a CCG may do which harms the communication. These could be:

- Talking all the time and not giving the client a chance to talk
- Cutting the client off in the middle of their explanation
- Appearing rude either in the tone of your voice or by your body language
- Appearing to listen but not really hearing what the client is saying (see listening skills below)
- Pointing fingers at a person while you tell them something

Listening skills are a very important part of communication. As a CCG you have to gather a lot of information from a client. Clients will also share very sensitive and difficult information with you, such as their HIV status or being abused. This will be very hard for the client and for you as a CCG; you must therefore have good listening skills to help the client to share this information with you.

Why are listening skills important?

If you don't listen well, then it can be very difficult to get things done. When most people think of good listening they think that they should just let the client talk and that is all it takes. But hearing what the other person is saying is just as important. When you listen, you should take in what the person is saying and try your best to understand what they mean.

As a CCG:

- You want your client to talk to you. Your client may stop talking to you, if they think that you are not listening to them when they have something important to say
- You need to know what is important to your client. This will help you when working out a solution for problems. By listening well, you will be able to ask more questions that will help you and your client find a solution. Sometimes while you are listening, you may hear something your client is telling you that will help you when you are asking questions
- You need to get as much information as possible about your client so that you can offer them the best service

When you listen well, you are telling people:

- I know this is important to you
- I am interested in you as a person
- Even though I may not agree with what you are saying, I respect your right to say it
- I don't want to criticise; I just want to understand you better
- I want you to feel free to discuss anything with me
- Be honest when you say these things because people will see if you don't mean it

Tips to improve listening skills

1. **Express interest.** Show that you understand what your client is telling you by looking interested and nod your head in agreement to show that you understand or say, 'I understand. Go on.'
2. **Show you understand how the client feels.** For example, say, 'Sindi, I know that you are upset. Tell me what I can do to help. I want to listen.'
3. **Repeat the point:** Repeat to your client what you think they mean. 'So what you are saying is that you don't understand how you got HIV.'
4. **Know when to stay quiet.** If your client is upset and trying to get something off her/his mind, it might be best to remain silent. Once your client has stopped talking, you can repeat your understanding of the problem.
5. **Show respect.** Even if you disagree with what your client has told you, listen carefully to what is being said. Before stating your opinion, say, 'This is what I hear you saying. Do I understand you correctly?'
6. **Stay focused.** Make eye contact and show interest and you will be able to better understand what your client is trying to tell you.

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Group Exercise

Divide into groups of two and exchange 5 details about yourself with your partner. You are NOT allowed to write down the information. Feed back to the group by introducing your partner to the group and mentioning the 5 details about the person.

Count how many points you managed to remember. This shows how important it is to listen carefully when talking with your clients so that you do not miss important information that could help you to improve their wellbeing.

b. Facilitation skills

Facilitation is about helping a person or a group of people to change something for the better in their lives. This is an important skill for you as a CCG as you need to try and help your clients and their families make better health and social choices in their lives and to take responsibility for their own wellbeing.

What does a facilitator do?

A facilitator helps a client look at all aspects in their lives and shares information with them to help them come to a decision best suited for them. This sounds very simple but, in fact, it can be very difficult as your client may not want to change the behaviour that is harmful to them. As a CCG you need to **prepare** your client for the need to change, **invite** them to listen to the information on what and how to change, and then **follow up** and **support** your client through the change. Also, remember that change takes time and you will need to return to topics with your client as you help them change.



Handy Hints

As a CCG you need to be a good facilitator, guide the household and to help your clients take responsibility for their lives.

What characteristics does a CCG need to be a good facilitator?

- **Assertiveness:** This means that you have to be able to have the courage to speak the hard truth when necessary. It is very difficult but your clients need to know all the facts so they can make the correct decisions. You will lose the respect of your clients if you avoid the truth or tell lies to them. It is important to remember that being assertive is not the same as being aggressive. The truth can be told quietly and with feeling for your client.
- **Intuition:** This is sometimes called 'having a gut feeling'. In other words, something is telling you to handle a client in a certain way, or it is telling you that your client is not telling you the whole story. Having a 'gut feeling' comes with experience and it is something you feel inside of you.



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- **Creativity:** This means you will sometimes have to use your imagination to think of new and different ways to deal with problems because the old ways have not worked.
- **Flexibility:** As a CCG you have to be able to think quickly to solve problems and may have to change a way of doing something because it has not worked well.
- **Confidence and enthusiasm:** It is important for you to appear calm and confident to your clients. They are relying on you to have the answer, to help them find the answer or to know what to do. You should look as though you enjoy your work and are happy to help your clients.
- **Team player:** You are one member of a large team of people who come together in the War Room to help your clients. It is important that you work closely with them to offer the best quality service to your clients.
- **Sincerity:** It is important that you are sincere in handling your clients and that your clients believe that you care about them and will do your best to help them (Being sincere means that you are honest, genuine and open).
- **Trustworthiness:** As a CCG, your clients must see that you will keep your word and that you do what you say you will do for them. If your clients do not trust you, they will not share information with you and will not trust your advice.
- **Empathy/compassion:** This is the ability to put yourself in the client's shoes and understand how they are feeling.



Group Exercise

Divide class members into pairs. Ask one person in each pair to lead their partner around the room by holding their hand in front of their partner's face. The person being led must keep their eyes closed and follow their partner's hand. The person leading is allowed to take their partner all over the room and to put them in awkward positions. The participants then swap roles, so that each person has an opportunity both to lead and to follow.

Explain how you felt leading and how you felt being led. What do you think this activity shows?

The purpose of the activity is to examine relationships and the issues of trust. As a CCG, you are like the leader in this exercise – and a leader has power over the person being led, and may even experience yourself as being in a powerful situation. Your clients are like the person being led – they have put their trust in you as the CCG. As a result, they are quite vulnerable and dependent on you. As the CCG, you must not abuse your position of power but use it to lead the client in a positive and helpful direction.

c. Advocacy skills

What is advocacy?

Advocacy is when a person, or a group of people motivate for something they need or for a change they want to see. In other words, as a CCG you are an advocate for your clients in the community because you will assist your clients to ask for services like social grants or home community-based care. An advocate can also be described as a person who speaks up for, and defends or protects the rights of him or herself, or of another person. As a CCG, you will help communities raise issues about their rights (advocacy) and help communities come together to solve these (social mobilisation).



What skills does the CCG need to be an advocate?

In order to be an effective advocate you as a CCG should be:

- **Assertive:** Be firm but polite when advocating for your client – remember assertive NOT aggressive.
- **A Negotiator:** Be able to discuss and agree the best deal for your client.
- **In control of your feelings:** Always be in control of your feelings and remain calm but firm.
- **Aware of your rights:** Always know your rights and those of your clients, so you can stand up for your rights and for the rights of your clients.

What are examples of being an advocate?

As a CCG you can be an advocate by:

- Raising awareness in the communities about health and social conditions affecting your clients
- Helping clients by speaking out against stigma and discrimination
- Going with your client to the clinic or social development office to help sort out any problems

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Case Study

You arrive at the Khumalo household. When you enter the yard you can hear shouting coming from the house. You knock and ask if you can go in. Mrs Khumalo invites you in and says she is very pleased to see you. You can see she is very angry. Her 16 year old daughter, Thembi is also in the house. Mrs Khumalo explains that she and Thembi have been fighting because she has discovered Thembi is pregnant. Thembi's boyfriend has a reputation for having many girlfriends. Mrs Khumalo has been telling Thembi she cannot go to the clinic because the community will all know she is a bad girl.

Read the above case study and discuss the following in groups:

1. How would you handle the disagreement between Mrs Khumalo and Thembi?

2. What do you think about Mrs Khumalo having the right to keep Thembi from going to the clinic?

3. What would you advise Mrs Khumalo to do?

4. How would you advocate for Thembi's rights?

d. Social mobilisation skills

What is social mobilisation?

Social mobilisation is a way of bringing the community together towards achieving something or making something better. For example, bringing the community together to encourage people to always use a condom and have safer sex in order to stop the spread of HIV. Communities must come together and work out solutions in order to solve these issues. This is why social mobilisation is important.

Social mobilisation usually takes a lot of different people to make it work. It involves everybody in the community from the individuals to the community, church and political leaders. Part of social mobilisation is finding resources, which could be people, skills, money or items to help in the campaign. A plan of what needs to be done and what activities the group will take part in to spread the message, e.g. marches, testing days, etc., will have to be developed.



Social change is not an easy thing to achieve. There are many things that affect the way we live and behave as human beings. Through social mobilisation, a kind of pressure can be placed on the individual, family or society to change their behaviour. Social mobilisation is also about working together, as a community, to help solve our problems.

Social mobilisation helps us, as a community, to work together around important issues that affect our lives and together as a community we can sort out these issues.

People can get very busy in life and sometimes it is hard to see outside of their own lives and daily tasks, e.g. when there is no one sick in our own homes it is difficult to see the increase of HIV in the community. Social mobilisation is one way of learning about what is going on in our community and then working together for change that will make our lives better. Social mobilisation cannot take place overnight. It happens through a set of steps. Social mobilisation is very important for the success of the OSS programme because we need to stand together to build a healthy community.

What are the steps of social mobilisation?

- **Total awareness:** It is important to create as much awareness as possible in the community. The group that is pushing for change must aim for as many people in the community to be aware of the problem and the need for change.
- **Community mobilisation:** Approach community, church and traditional leaders for their support. Try and collect funding and other resources for the campaign, e.g. the use of a venue for meetings, a local celebrity who will champion the cause, funds from local businesses, etc.
- **Increased awareness:** Through sharing of information with the community, individuals become more aware of the need to change.
- **Motivation:** People become interested and are ready to accept change by seeing and hearing of the campaign through information given out as part of the campaign.
- **Information dissemination (spreading the information):** The more people that are aware of the campaign, the more information is shared throughout the community.

What media can be used for social mobilisation?

There are many different types of media that can be used depending on what resources you have available and how big the campaign is. In a country, for social mobilisation, the government would use methods like radio and television which would be heard and seen by a large number of people. For small community rallies, posters and loudspeakers would be more suitable.

- Song, poem or story
- Poster, leaflet, banner, signboard, billboard
- Loudspeaker
- Rally
- Radio, television, cinema, newspaper
- Popular drama

All methods of displaying information have to be seen and heard in the local language. This means that the posters pamphlets, etc should have more pictures with key messages written in the local language, and targeted in terms of age and gender (male or female).

What stakeholders can be asked to join in the social mobilisation?

- Local leaders
- NGOs working in the area
- Government institutions like clinics and SASSA offices
- Private businesses, e.g. shops
- Professionals, e.g. doctors
- The local municipality
- Schools, teachers
- Local organisations, e.g. youth and church organisations
- Traditional healers

Exercise

1. Think about what topic you would like to raise awareness about in the community and make a leaflet on this topic.

2. Write down a list of what activities you will undertake to mobilise the community around this topic.

e. Screening and referral skills [see Lesson 1.2 for more information on Screening and Referral]

What is screening and referral?

Screening means to ask questions in order to find out if there are any problems related to health or social development with clients who seem to be healthy and without problems. They can then be offered information, tests and suitable treatment to lower their risk and/or any complications that result from the disease or condition or help for social services that they may need. This means that they are being referred for follow up. This is exactly what you will be doing when you visit households.

Screening must be done for everyone in the client group, e.g. everyone in the household, women, men, older persons, children, etc. This means that, for example, all women of child-bearing age should be asked the screening questions for pregnancy. Also, because of the high number of people who are HIV-positive in South Africa, all clients who are sexually active should be asked the screening questions for HIV and STIs. It does not matter who the client is, e.g. the pastor at the church, a community leader or your neighbour. You will need to ask these screening questions to everyone to whom the screening questions apply.



When we screen clients, we are gathering important information to help understand the community and household issues so that everyone can work together to help solve these challenges.

Please remember to use your communication skills you learnt because your body language, words and tone will be very important when you screen, educate and refer your clients.

After screening, you now have a good understanding of where to refer the client and what information the household needs. Refer means to tell the client where to go for important services that they need and what the client must take with them. Educating the client means to teach them important information about how the household can help themselves live a better life.

The only way, as a CCG you can do your job properly is to ask questions. This means screening is very important and you need to do this very well to understand the household. Screening is more than asking questions, you should also look around (observe) and listen to the client very carefully before thinking about what to advise.

This means everyone in the household must be screened and then ask when is the best time to come back to screen other household members who are not there. This is important because you need to get a picture of the whole household.

The OSS programme has developed tools to help you to screen, educate and refer your clients. These tools will guide you. There are also tools to help you educate clients using pictures. You will learn more about these later. For example, when you are asking questions about pregnancy with a woman of child bearing age, you will use the pregnancy tool to screen. If you hear your client coughing you should not screen for TB because she is already showing a symptom for TB. You should refer her to the clinic for TB testing. You will learn in time which tools to be used with which clients and you may use many tools with one client. (Refer to the Household Guide for a list of the client groups and the tools that should be used for each group).

You will need to screen and educate everyone in the household using the tools that are important for the client. This may take a long time to get everyone in the same household screened and you may need to visit many times before you have screened all the household members. Also the needs of people may change. In the beginning a person may have been healthy and later you can see that this person is getting sick. This means you will have to ask questions/screen again. You will get better at this as you get more experience.

Please remember to use your skills of listening, observing, facilitation and communication when you screen, educate and refer.

Also remember, that you will need to come back to the household to see if the clients have accessed the service and have taken the action that was agreed.

Tips for screening and referral

- Ask questions but be sensitive because you will be asking very personal questions
- Make sure you have screened the whole household and referred the members to the right services
- Listen and observe the clients and observe the household both inside and outside
- You may need to use a few tools with each client because one person can have many different health problems and social service issues
- Write down all the information/actions and what you advised the client to do or where to go
- Keep all information confidential and store somewhere safe
- Follow up on clients to see if they have taken action

Later in the course, you will learn more about these tools and pictures to help you screen, educate and refer.

Module 1

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Lesson 1.1

The Role of the CCG in Operation Sukuma Sakhe

Below is an example of a screening tool that you will be using. This tool is used for screening clients for TB. You would ask all household members the questions on the tool and tick the answers in the block provided for yes or no. If any answers are in the coloured blocks this means the client should be referred to the clinic for testing.

Screen for TB in all household members

TB Screening Tool

Read the following questions to all individuals in the household and refer them for TB testing at the clinic if you tick ANY ANSWERS in the coloured blocks.

	Y=Yes	N=No
1. Have you been coughing for more than two weeks?	Y	N
2. Have you recently coughed up blood in your sputum?	Y	N
3. Have you been losing weight for no reason?	Y	N
4. Have you lost your appetite?	Y	N
5. Are you sweating a lot at night?	Y	N
6. Are you having chills that keep coming back and last for three days or more?	Y	N
7. Do you have chest pains?	Y	N
8. Do you get short of breath if you are walking or doing minor household chores?	Y	N
9. Do you have swellings in the neck, armpit or elsewhere?	Y	N
10. Have you been in contact with anyone who is on TB Treatment, or has been on TB Treatment in the last 6 months?	Y	N

Note to the CCG :

Please read the following to the client

- If you know your HIV status and you are HIV-positive and you have been coughing for 24 hours, you should go to the clinic for a TB test

All the skills discussed above work together to help you to do your job in the best way you can. Practise these skills as you go through the rest of the course so that they can prepare you for your work when you get back to the community. It is important to practice skills and you must keep trying to improve so that you can help your clients live a better life.

7. Caring for the caregivers

As a CCG, the community and the government need your help. If you want to make a difference in your community, you need to be healthy; you need to show the community a positive attitude and set a good example by living in the way you encourage them to live.

As a CCG you will have some parts of your job that are easy and other parts which are difficult because you are working with people who may be sick and who may have many problems. Being a CCG means you have been given a huge responsibility to help people. This should make you proud to be a CCG but it can also cause severe stress.

CCGs often report the following symptoms:

- Not getting enough sleep
- Not eating properly
- Feeling very stressed
- Abuse of alcohol



Handy Hints

It is vital that as a caregiver you take care of yourself!

It is good to keep checking on yourself, to see how you are feeling. Sometimes we get so busy that we forget about looking after ourselves. To help each other, CCGs should also watch for signs of stress and sickness in other CCGs.

You must look after yourself!



Handy Hints

Do a self-assessment (check on yourself) every month to see how you are feeling. You can use the questionnaire.

You cannot stop the effect of a chronic illness or an illness that gets worse over time on someone that you care for. However, there are things you can do to take responsibility for your own health:

- Accept that you can only do your best. If you have done everything possible to help a family member, then you cannot blame yourself if the client gets more ill or passes away
- Take some time for yourself. Arrange for a family member, a neighbour or a friend to look after the client
- Join a support group to share stories and feelings. CCGs can form their own support group
- Attend to your own healthcare needs. Remember if the stress gets too much, get help from the counsellors at the clinic or the church
- Make sure that when you finish with a client and leave the household that you wash your hands carefully to prevent spreading illness to your own family or other clients
- Get proper rest and nutrition [see Lesson 2.2 on Healthy Eating]. You must set an example for your clients
- Exercise regularly [see Lesson 2.3 on Physical Exercise]. You must set a good example
- Behave in the way that you encourage your clients to behave, e.g. eat healthy food, exercise, be faithful to your partner. As a community champion, your clients will be watching how you live and you must set a good example
- Take time off without feeling guilty. Agree on this with your supervisor
- Take part in pleasant, relaxing activities

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The Role of the CCG in Operation Sukuma Sakhe

- Ask for and accept the support of others
- Ask for supportive counselling when you need it, or talk to a trusted counsellor or friend. This friend is called a 'care buddy'. It can be anyone, e.g. a family member, another CCG or just a friend
- For your own health, get yourself tested for HIV, TB, high blood pressure, diabetes, etc. This will also help you share what it is like to be tested with your clients as you will have experienced it yourself

Exercise

1. Answer the questions in the self-assessment and discuss in groups how to do a self-assessment.

2. Think of positive ways you can change your life to help you cope with work stress and to live a healthy life.

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The Role of the CCG in Operation Sukuma Sakhe

Caregiver self-assessment questionnaire

Ask yourself the questions below and if you answer 'yes' to any of the questions you need to visit your care buddy (Your care buddy is someone that you trust that you can talk to).

Questions		Yes	No
1	Have you had trouble concentrating in the last month?		
2	Have you had feelings of sadness or anxiousness for no reason in the last month?		
3	Have you had trouble sleeping?		
4	Have you felt like hurting or killing yourself in the last month?		
5	Have you been ill in the last month (flu, etc.)?		
6	Have you felt all alone as if nobody is helping you in the last month?		

Role Play

Divide into groups and role play the following:

1. At a community meeting, plan a march from the church to the police station to raise awareness in the community about domestic violence.
2. Play the 'broken down telephone game'. The facilitator writes a short story with about 3-4 facts and whispers the story to one group member. That member then whispers the story into the next member's ear. The story is passed on from member to member in the group. The last person then relates the story to the whole group. The facilitator then decides if the correct story has moved from the first member to the last member, without changing the story.

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*The Role of the
CCG in Operation
Sukuma Sakhe*

Group Exercise

In groups of two:

1. Ask your partner the questions on the TB Screening Tool and discuss whether you will refer your partner to the clinic or not.

2. What other questions could you ask to get a more complete picture of this person, or other members of the household?

AIM OF THE LESSON

Lesson 1.2 aims to share information on how to enter the community and household and how to screen and refer clients for services.

Learning Outcomes

By the end of this Lesson learners should be able to:

- Understand how to enter the community
- Understand how to enter the household
- Understand and use the Household Guide
- Understand and use the screening tools
- Understand how to develop networks for referrals and how to refer and follow up clients

Lesson Contents

- Tips for community and household entry
- Household Guide
- Screening Tools
- Networking and Referrals
- Directory of Services

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Lesson 1.2

Community and Household Entry and Screening and Referral

1. How do I enter the community?

Make you understand the Community in the Ward you are working in. To do this, attend a War Room meeting in your ward and introduce yourself to the Ward Councillor, War Room Convenor, the Community Development Worker, other fieldworkers, the Induna and the Nkosi. Find information about the Community from members of the War Room. The War Room will inform you about safety and other issues in the Ward. Take part in community events so that people can get to know you. You can read about the area in the local newspaper or listen to the local radio station.



2. How do I enter the household?

Here is an example of how to introduce yourself to the Household for the first time.

'Sawubona, my name is Thandi and I am a Community Caregiver working on the Operation Sukuma Sakhe Programme. Operation Sukuma Sakhe works with communities to provide services that help us deal with our problems like poverty, unemployment and diseases. I have been given a set number of households to take care of and your house is one of them. I will be visiting you regularly. The reason for my visit is to ask you questions to see what information you need to help you get the right services and to help the War Room provide better services in the community. I will also be following up with you to check whether you have received the services we speak about.

Everything we talk about is private. If we need to and only once I have your permission, will I share this information with doctors, sisters or social workers and other fieldworkers in the War Room.

You can ask me questions at any time. If you or a family member has anything you want to talk to me about in private, we can arrange a private talk at any time convenient to you.

We are working together as a team and we can decide together what action steps you and I need to take. Do I have your permission to enter your house and to visit you regularly?

Thank you for your time!

What will you do once you enter the household?

You will profile the household once you enter. The Household Profiling process picture can show us in a simple way what you will do in the household.

3. Household Profiling process



- Find out about the household members (age, gender, health status, etc.) using the Household Profiling Tool [see Lesson 1.3 on Recording and Reporting]
- The CCG screens household members using the screening tools in the Household Guide (see below for more information on the Household Guide)
- The CCG provides education on any issues they have noticed in the household after screening
- The CCG then refers the clients to the service provider or person that can help them. These may be a clinic, social worker or other organisations or individuals in the community
- The CCG goes back to the clients to follow up on actions

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Community and Household Entry and Screening and Referral

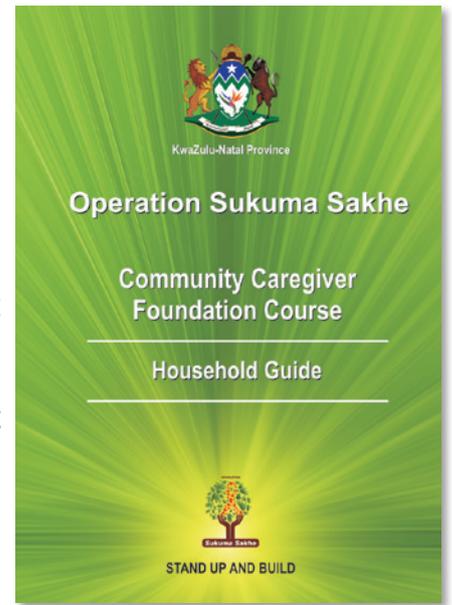
4. What tools will I have to help me in the household?

You will have a Household Guide and educational tools, e.g. screening tools that will help you in the household.

a. What is the Household Guide?

The Household Guide contains the most important information that you need to have at your fingertips. This information is in the form of Screening Tools, Care Pathways, checklists, education tips, tables and other useful information. The Household Guide will help to you remember what to tell your clients, but you should always go back to the training material to keep it fresh in your mind. The Household Guide will help you to ask your clients important questions, share important information with them and refer them to the correct places for help.

You can show the pictures in the Household Guide to the client and explain what they should be doing. Some of the pictures can also be used for health education, e.g. you can show the client a picture of a dirty yard and ask them to identify the problems in the picture. Then show them the picture of the clean yard so they can then see what needs to be done to keep themselves and their families healthy.



Group Exercise

Divide into groups and go through the Household Guide module by module.

1. Check to see if there is anything you do not understand and ask the facilitator any questions you may have.

2. Go through the screening tools, care pathways, checklists, tables, etc and practice asking the questions and provide education tips to other group members.

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Community and Household Entry and Screening and Referral

All the sections in the Household Guide are colour coded the same as in the training material of the Integrated CCG Foundation Course so it will be easy to refer to the same colour coded sections if you need more information or to check something.

b. How to use the screening tools

In Lesson 1.1 we discussed what screening and referral is. In this lesson we look at more examples of what to do when we screen and refer clients.

Various lessons in this training manual contain screening tools to help you ask members of the household certain questions that will help you understand which family members may be ill or what social services they may need and 'select' them for referral to get assistance. Every household has members of different ages and health status, so it is important to remember to use ALL the screening tools that are provided to make sure that ALL members of the household are taken care of.

Remember that when asking questions in one screening tool, make sure you pick up any information that may be necessary and useful for you to use in the other screening tools so that you do not miss any possible problems in the

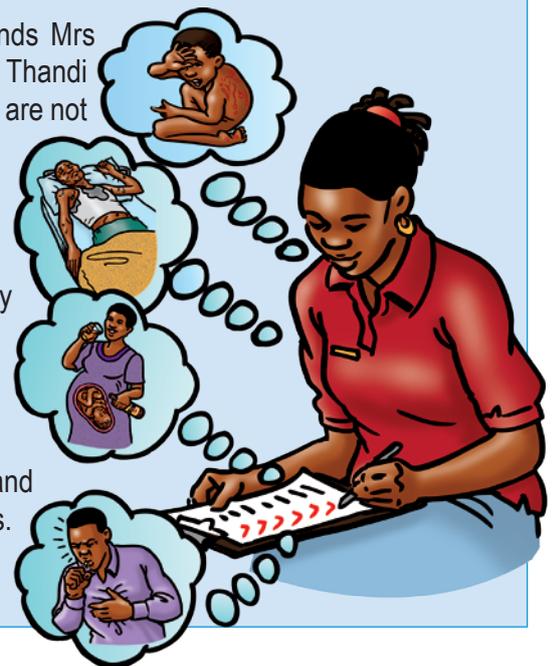
Case Study

Read the case study below and then we will divide it up and show you how Thandi, the CCG would screen this household to make sure that all their needs are taken into account.

Thandi (a CCG), while visiting the Khumalo household (client), only finds Mrs Khumalo and one 4 year old child at home. While profiling the household, Thandi records that there are six people living in the household, and four of them are not at home because they are visiting a friend.

Mrs Khumalo tells Thandi that nobody in the household is working. Thandi observes that Mrs Khumalo has a bad cough. Mrs Khumalo tells her that she does not know her HIV status but one of the other family members in the household is on ARV treatment. Thandi takes the opportunity to educate Mrs Khumalo on the importance of knowing her and her partner's HIV status.

Thandi then requests the *Road-To-Health Book* for the 4 year old child and looks to see if the child has completed all the necessary vaccinations. Thandi asks Mrs Khumalo about the general health of the child.



Module 1

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Lesson 1.2

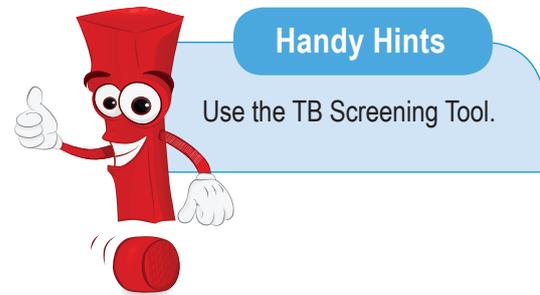
Community and Household Entry and Screening and Referral

household.

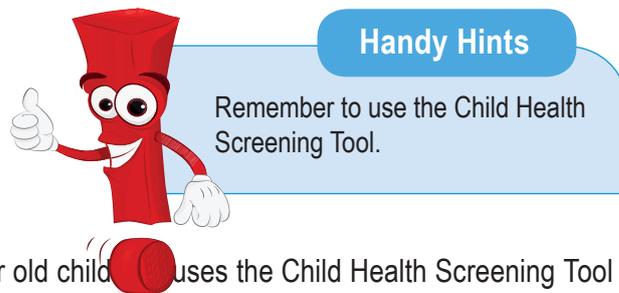
So where should Thandi start?

It is always best to start with the person that is available. This means that Thandi will start with Mrs Khumalo. She has been coughing so Thandi will use the TB Screening Tool. She will ask all the questions in the TB Screening Tool and if any answers fall in the coloured blocks she will refer Mrs Khumalo for TB testing at the clinic.

Thandi screens Mrs Khumalo using the TB Screening Tool. She refers Mrs Khumalo to the clinic for a TB test as one of her answers to the questions in the TB Screening Tool was ticked in the coloured block. Thandi knows that Mrs Khumalo does not know her HIV status and so she advises Mrs Khumalo to request a TB and HIV test from the clinic. Thandi also tells Mrs Khumalo to let the clinic staff know that there are children in the household and that one of the children is under 5 years old. This is important because if Mrs Khumalo has TB then the child that is under 5 years of age will need to



get treatment to prevent them from getting TB as well.



Thandi now turns to the 4 year old child. She uses the Child Health Screening Tool to assess the health of the child.

Other Important questions to assist Thandi in screening:

1. Does the child have a birth certificate? If not Thandi will need to assist the mother/caregiver to apply for a birth certificate for the child.
2. Is the mother/caregiver receiving a grant for the child? If not then Thandi can assist the mother/caregiver to apply for a grant.

Some tips for screening

1. You must ensure when completing any of the screening tools with clients, if **ANY ANSWER** to the questions in the coloured blocks is ticked (this applies to all screening tools), you **MUST** refer the client to the clinic.
2. While you are at the household you must use your observation skills to look at the environment inside and outside the home to check for safety risks to the family as well as anything that could cause ill health [see Module 2: Healthy Living].

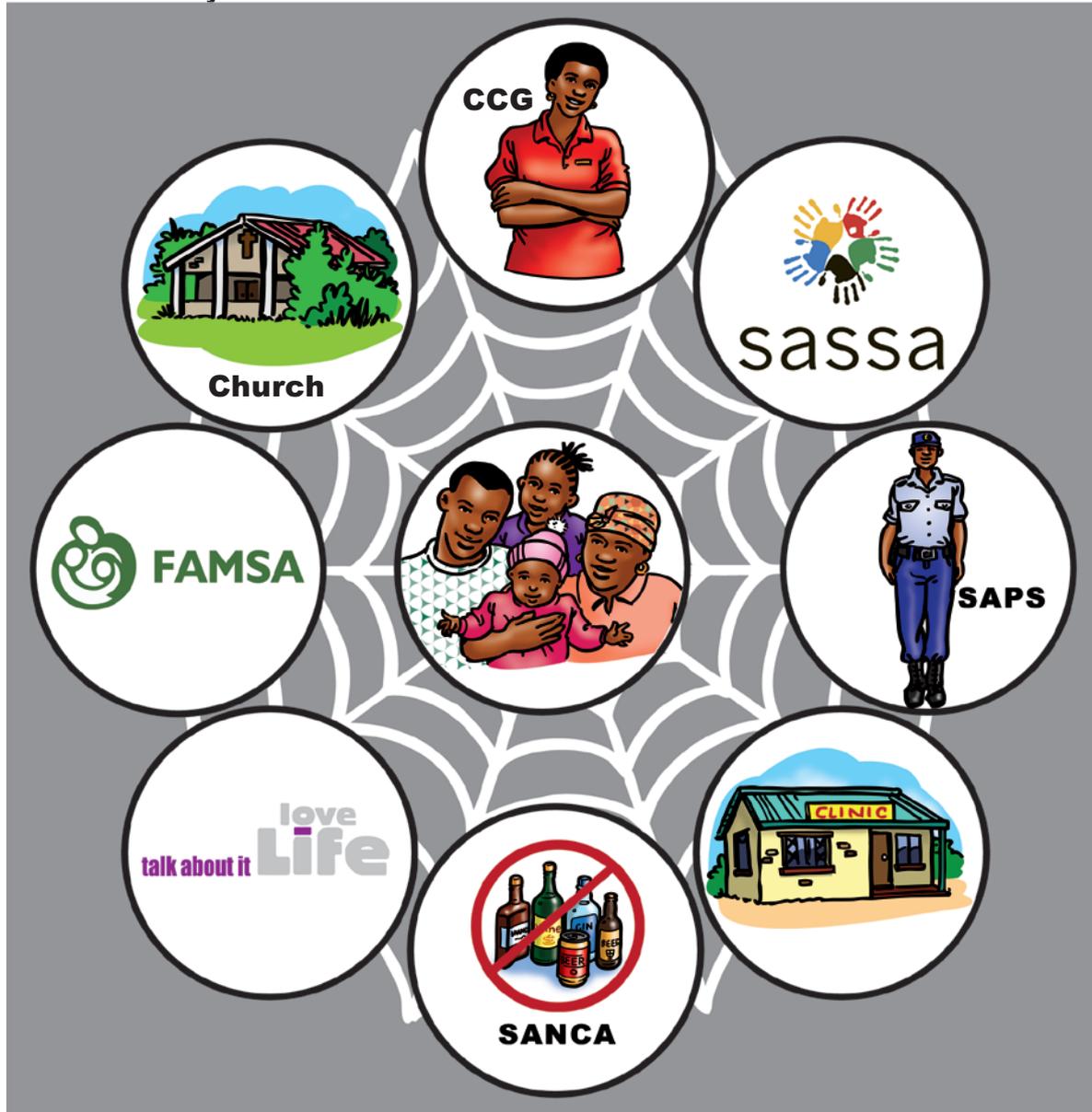
3. When asking questions in one screening tool you need to listen carefully to make sure you pick up anything that could give an idea that there may be other problems. Then check if there are any other screening tools that could be used to find out more about these problems. Revisit the household to screen members who were not present during previous visits.
4. In our case study, there were also four other members of the household that were not present at the time of Thandi's visit to the Khumalo household. Thandi would ask Mrs Khumalo when would be the best time for the next visit to meet with the remaining household members. Look at all other members in the household:
 - a. What age are they?
 - Do they have a birth certificate or an ID depending on their age?
 - If the children are of school-going age, are they at school or not?
 - Ask why they are not at school and then refer the mother/caregiver with the child/children to a Social Worker to address this problem
 - Find out if these children have a *Road-to-Health Booklet*, and if they have had all their vaccinations? If not, refer the mother/caregiver with the child to the clinic
 - Are any of them girls who are teenagers? (Give information on the prevention of teenage pregnancy)
 - Are any of them teenage boys – have they been circumcised? If so, what type of circumcision (traditional or medical) was it? [Give information on Medical Male Circumcision (MMC)]
 - b. Are there any members of the household who are disabled?
 - Do they receive a disability grant?
 - c. Does anyone in the household have TB?
 - Is anyone in the household on TB treatment or has anyone in the household been on TB treatment within the last 6 months?
5. Look at the family circumstances:
 - a. Is there a food garden?
 - If not – does the family have enough space to plant a door-size food garden?
 - b. What is the general cleanliness of the household?
 - c. Do they have suitable sanitation – toilets, clean water for washing, cooking and drinking?
 - d. If they have animals, are the animals kept in an enclosed place so that they do not mess near the house and where the children play to cause diseases etc?
 - e. Are any household members employed? If not, you may refer them to a government job creation programme or an income-generation project in the community?
 - f. Are there any signs of abuse?

5. What are networks, networking and referrals?

a. What is a network?

A network is like a spider's web with the client in the middle and all the people and services that can help the client all around them. Below is an example of a few of the resources available in the communities. The community is made up of many organisations and people who can belong to the local network and help in solving the many issues faced by the households. Churches, NGOs, businesses, the local municipality, SASSA office and schools all have skills and support to offer and should also be part of your network.

Network of community resources



Tips for building a network

- Approach the local Municipality offices, they are a good place to start and usually keep a list of service providers in the local area
- Approach clinics and the local SASSA office and police station to access their lists of service providers
- Community and traditional leaders will also know of useful organisations and people
- Visit support groups in the area to find out what they offer their members
- Find out more information about organisations before you approach them. This helps you to understand what they are trying to do in the community and you can then tell them why it is important to work together to help make a difference

Remember everyone has something to offer; even our clients can serve as part of our networks as there may be many skills within the community, which can be used to help each other, e.g. a stay at home mum may be looking for extra income and may be prepared to look after another working mum's toddler for a small fee if there is no crèche available.

b. What is networking?

Everyone has different talents, strengths and weaknesses. There are things we are good at and we can use these skills to help others. There are also things we are not good at and we need help with these things. For example, one CCG (Thandi) may be able to help another CCG (Sbu) with making pamphlets because she is good at that. Sbu is good at storytelling and he can teach Thandi how to use this when she is working with children. This is networking and sharing resources. When we need help in our own families, we know who to go to for a certain type of help. We know which family member is good at a certain thing and we go to that person when we need help for that. It is good to know people and organisations that can help us and those we can help.

There are many places you can start networking:

- CCG meetings are a place where CCGs can share knowledge of organisations and resources in the community
- There is also an opportunity to network and discuss community challenges during War Room meetings and community events. CCGs ask people at the meetings to think of and share which service providers are working in the area. CCGs can then add these to their lists

These are some examples and there are many other ways of networking and building a list of important organisations to help the community [see Directory of Services at the end of this module].

Tips for networking

- Never speak as though you have nothing to offer. When we talk to other people and ask them to help us with something, they may want to hear what we can do to also help them. As a CCG you have skills and knowledge that can help others. Always think of ways in which you can share your network and contacts so that everyone benefits
- Networking is like mobilising resources which means to bring together many different things to try to achieve a goal. Resources can be many things like finances (money) for an awareness campaign which a CCG can get from a local business, or it could be skills that a CCG can get from networking with an organisation that helps youth. Organisations and people can help in many ways
- Remember to always show how working together helps. This means don't just ask people to give without showing that you are also giving and that you will also help as best you can
- Know and understand what services the clients need and why organisations and people should want to get involved or work with you
- Never try to force an organisation or an individual person to do something they don't want to do
- It is important when networking to get the contact person's name, telephone numbers and address details. This helps you when referring because you can send your client to that person and the contact person knows who you are and why you are referring the client to them
- Networking is about building relationships. This means you will need to visit the organisations and contacts that you have and keep them up to date with what you do so that they are always willing to help your clients
- Networking has to happen all the time. You must be creative and think about ways to help build relationships with important organisations

- Remember to always be honest and never promise anything that you cannot do. Always make sure that what you discuss is in the scope of practice of a CCG. Make sure everyone understands what they are agreeing too. For example, the youth organisation should not be surprised because you are referring clients to them. You should have agreed with them, that you would send your teenage clients to their organisation if they needed their help
- Networking must always be honest and legal and relate to the work of the CCGs

c. What is referral?

The CCG cannot do everything and will need to refer the client to other organisations who can help. Referral means advising the client to contact one of these organisations for help once the CCG has screened the client and heard the answers to the questions that have been asked. Every referral must be recorded so that you can follow up the client at the next visit. When referring a client you must understand what the real problems are and then match this with the right service. This means screening carefully and referring the client to the correct organisation in the network.

Tips for referring

- Make sure the clients understand why they are being referred and the place they are being referred to. If the client is not comfortable about going to a government department or organisation, try to understand why and try to assist where possible. Make sure the client knows which documents they may need
- Before referring clients, it would be good for you to visit the network organisations to know:
 - contact name, telephone number and address to give to the client
 - how far it is
 - the opening and closing times
 - costs for services
 - types of services offered by the organisations
 - accessibility of the service, e.g. is it friendly in terms of the youth, disabled (e.g. wheel chair access), and gender or is it the right environment when thinking about culture, sexual orientation, language, gender, religion, etc?
 - can a family member accompany the client?
- All this information can be written in your diary
- Follow up. Check-up to see if the client did action this at your next meeting at the household. Also update this in your diary
- If the client was not assisted, discuss the matter at the CCG meeting

Finally it is important to get feedback from the client about the type of service they received. Clients must understand that things may not happen overnight but at the same time clients should always be treated with respect. This is why the CCG must always ask the client how they were treated and if the service provider at the networked organisation spoke clearly and helped them to understand everything. Monitoring the service or referrals is important because the CCG must keep the network information updated all the time. If a service provider in the CCG network is treating clients badly, this must be discussed with the supervisor and investigated to see if this was only a once off case or if this is happening a lot.

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Lesson 1.2

Community and Household Entry and Screening and Referral

Directory of services

Abortion Helpline	0800 117 785
Aid for AIDS Helpline	0860 100 646
Al-Anon Family Groups and Al-Ateen	Helpline – 0861 252 666 to 4pm and after hours 031 539 1142 or 031 402 1086 or Cell 074 458 3119
Alcoholic Anonymous South Africa (AA)	0861 435 722 from 9am to 2:30pm Mondays to Fridays and after hours 031 464 8301 Cell 084 551 3941
Ambulance	10177
Ambulance (Private)	082 911
Anti-Corruption and Fraud Hotline	0800 701 701
Cancer Association Helpline	0800 226 622
Career Information Helpline	0800 212 641 office hours
Child Cancer Helpline	0861 113 500
Child Victims of Sexual, Emotional and Physical Abuse Helpline	0800 035 553
Childline South Africa 24 hours	0800 055 555 or 031 312 0904 during office hours (08h00 – 16h00)
Department of Education Helpline	0800 202 933 office hours
Department of Health Helpline	0800 005 133
Department of Home Affairs Hotline	0800 601 190 office hours
Department of Social Development Substance Abuse Helpline	0800 121 314
Diabetes South Africa	011 886 3765
Emergency Contraception Hotline	0800 246 432 office hours
Eskom National Line	0860 037 566
Girls and Boys Town South Africa	0861 585 858
Grants and Fraud Hotline	0800 601 011
HIV Medicines Helpline	0800 212 506 office hours

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Community and Household Entry and Screening and Referral

HIV-911 Referral Centre	0860 HIV 911 (0860 448 911) office hours Free Mobile Phone Advice Service send SMS to 45080 to access the directory Free Mobile Phone Directory: Call *130*448# to search the HIV-911 directory on your cell phone (No airtime required except Vodacom)
Human Rights Advice Line	011 484 8300
Human Trafficking Helpline	08000 RESCUE (0800 073 7283)
Independent Complaints Directorate	031 310 1300
Legal Aid South Africa Advice Line	0800 204 473
Lifeline Southern Africa	0861 322 322 or 0800 012 322
loveLife Sexual Health Line	0800 121 900 office hours
Marie Stopes Clinic Toll Free Number	0800 117 785 office hours
Mothers2mothers	086 668 4377 office hours
Narcotics Anonymous National Helpline	083 900 6962
National AIDS Helpline	0800 012 322
National HIV Healthcare Workers Hotline	0800 212 506 office hours
National Youth Information Centre	08600 96884
Red Cross Children's Hospital Poison Line	021 689 5227
Safe School Call Centre	0800 454 647 office hours
SAPS	10111
SAPS Crimestop	08600 10111
South African Depression and Anxiety Group (SADAG)	0800 205 026
South African National Blood Services Donor infoline	0800 119 031
South African Social Security Agency (SASSA)	0800 601 011
South African National AIDS Council (SANAC) Helpline	012 395 9078-9090
Stop Gender Violence Helpline	0800 150 150
Suicide Crisis Line	0800 567 567 or SMS 31393

Module 1

The Role of the CCG

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Lesson 1.2

Community and Household Entry and Screening and Referral

Swine Flu Hotline	086 136 4232
Teenage Pregnancy Helpline	0800 035 553
The South African National Council on Alcoholism and Drug Dependence (SANCA)	Helpline – 031 202 2241 from 8am to 4pm and after hours 031 303 2202
Vaccine Helpline	0860 160 160
Vodacom Emergency Number	112
Woman Abuse Hotline	0800 150 150
Women's Health Helpline	0800 116 941

AIM OF THE LESSON

Lesson 1.3 aims to share information on recording and reporting.

Learning Outcomes

By the end of this lesson learners should be able to:

- Understand what Monitoring and Evaluation (M&E) means
- Understand what recording and reporting means and why it is important
- Explain the activities involved in recording and reporting
- Understand the importance of quality control in recording and reporting
- Explain the role of CCGs in recording and reporting
- Understand what confidentiality of recording and record-keeping means
- Use recording and reporting skills on any tool for collecting data including the Household Profiling Tool

Lesson Contents

- Definitions of M&E
- Recording and reporting
- Role of CCGS in M&E
- How to collect data
- M&E Forms

References

1. HPSU. Monitoring and Evaluation Policy Guidelines Health – M&E policy draft. 2003. Available from: <http://www.mca.org.ls/documents/Health/HEALTH%20-%20M&E%20Policy%20Draft.pdf>
2. CE@UP, HISP, HST. Health Information Systems for Data Capturers (HISDC). Electronic TB Register training presentations. 2009
3. Department of Health and Department of Social Development, 2009. Interactive workbook on data collection and processing for HCBC organisation's community caregivers, supervisors, and managers

1. What is Monitoring and Evaluation (M&E)?

Monitoring is another name for checking progress. If you 'monitor' the meal you are cooking, then you will keep an eye on the pot to make sure it is cooking like it should. You will check a lot of things like:

- How much water is in the pot
- The heat of the stove
- If the potatoes are cooked
- If the meat is tender
- If there is enough salt in the food

This is done so that you can make a good meal and decide if you need to improve it the next time. Once you have done it well, you can share what you have done with others.

The CCG will use the same approach in doing monitoring and evaluation.

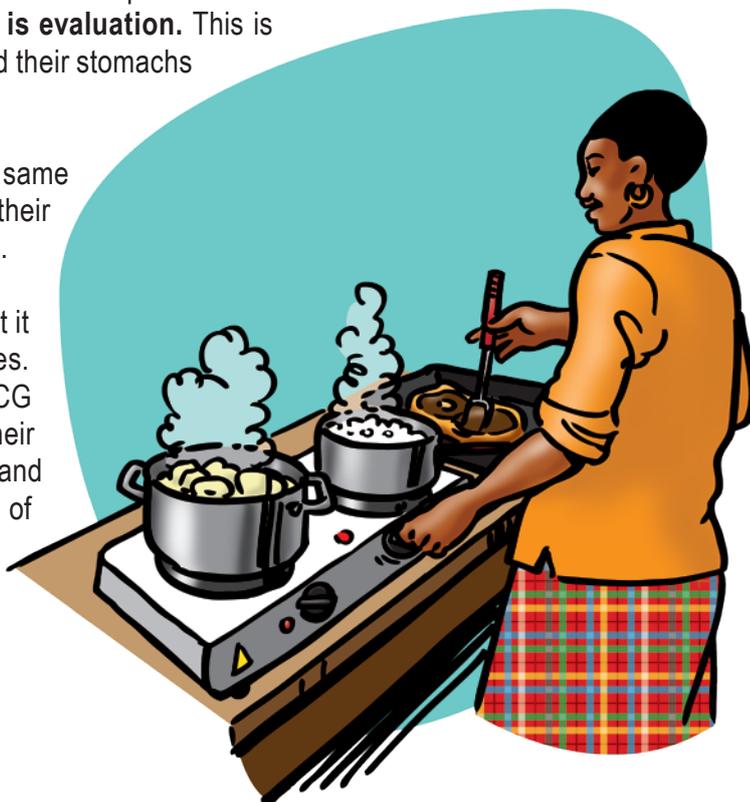
How do we know someone is ill? We ask questions (screening). This is like checking the water level or the heat of the stove.

How do we know they are getting better? We must ask the client if they have followed our advice and ask if there is improvement or not – **this is monitoring**. This is like checking to see if the potatoes are cooked or the meat is tender.

How do we know whether the medicine has worked? We ask questions to find out if the client is better at the end of the treatment – **this is evaluation**. This is like asking your family if the food that you cooked filled their stomachs and tasted good.

Each time you cook a meal you are monitoring, the same way that each time you visit a household to check on their progress, you are monitoring their health and welfare.

In both community healthcare and social development it is also important to monitor or check a lot of activities. For example, we check how many homes the CCG profiles, how many people are in each home, what their unmet needs are, etc. In this way, we can record and monitor what services are needed and the number of people that need those services. One way of doing this is to use the Household Profiling Tool which measures how many individuals require which services in a household.



Module 1

The Role of the CCG

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Lesson 1.3

Recording and Reporting

Every time you use the screening tools, you are monitoring the health of the client; e.g. if the household has a member with TB and they have been put on treatment, you would use the TB Screening Tool to check and see if the other members of the family have been infected. This is also monitoring.

Every time you do a follow up visit to the household to check that your advice has been followed and how the client is feeling, you are doing monitoring and evaluation (M&E). M&E is a part of everyday life in both personal and work situations. It is very important as it helps us plan the next steps as we move forward, e.g. if you do not use the screening tool to monitor (check) the family's health, how will you know who might have been infected and needs to go for testing?

This means **YOU**, the **CCG** are **VERY IMPORTANT** because by doing monitoring and evaluation you would help people to get well and help to stop the spread of an infectious disease like TB. You would also be able to warn the clinic of the outbreak of disease, if for example, you found many members in the community with the same illness, e.g. diarrhoea.

Evaluation is like 'measuring' something. Usually the end product of the activity is what is measured to see if all the activities were carried out as planned, e.g. your family will measure how full their stomachs are and how good the food tasted after they have eaten your food. We must know if we are making a difference. Through evaluation, we are able to know where we can change and improve and we can also share what we have learnt with others. When we know how and where we need to improve, we can plan for the next visit, e.g. if your family says they are not full then you will know that you need to plan to cook more food the next time. For example, you make your next visit to the family and you find out that they did not go to the clinic for testing because they didn't really understand what you said. The next time you give them information, you will make sure that the client understands the information by asking them to repeat it back to you.



2. What is recording and reporting?

Recording means that the CCG writes down everything she sees or hears during a visit to the household. This is a way to keep a record of the monitoring that you are doing. Keeping records also helps you remember what you have done and what advice you gave to the clients. This is an important part of monitoring because you look at these records when you are evaluating your success.

Recording activities include:

- Recording who you are referring and for what service
- Recording date (date of referral)
- Recording follow up visit dates
- Recording the activities undertaken during the follow up visits
- Record using data collection tools provided by your supervisor or the War Room

Reporting means that the CCG will report regularly either verbally by taking part in the War Room meetings or CCG meetings or in writing by handing in her completed data collection tools to the supervisor about all her activities.

Reporting activities include:

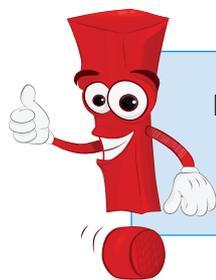
- Reporting to the CCG meetings, e.g. what cases have been found, how the clients are improving in other cases the CCG is following up on, how some cases were sorted out. This is usually done verbally
- Reporting to the War Room the same information as outlined above. This is also done verbally and a summary report is provided to the War Room in writing
- Reporting to the clients if they have had feedback from the War Room or the government departments or civil society organisations that they referred the client to. Always make sure you keep your clients' personal information confidential

3. What is the role of CCGs in recording and reporting?

- You should know what data collection tools need to be filled in and how to fill them in. These are the forms that need to be filled in every day, week, and month to record all the activities of the CCGs
- You should keep a diary or exercise book where you record all their activities, challenges or ideas so you can report back at the CCG meetings

An example of the table in the CCG diary should look like this:

Date	Name of client	Activities performed/ services needed	Referred to where/who/services provided	Date of referral	Date of follow up
2 Nov 2012	Jane Xaba	TB screening TB/HCT Education Referred	Clinic for TB and HCT	2 Nov 2012	9 Nov 2012
5 Nov 2012	S'bo Nxumalo	Education on domestic violence	SASSA	5 Nov 2012	19 Nov 2012



Handy Hints

REMEMBER!

Guard your diary carefully. All the information in the diary is confidential and should be secret.

4. What is confidentiality of recording and record-keeping?

Confidentiality is knowing details about a person and not revealing it to other people. The client cannot trust the CCG if they do not believe that their personal information will be protected from the whole community. The CCG should remember the following:

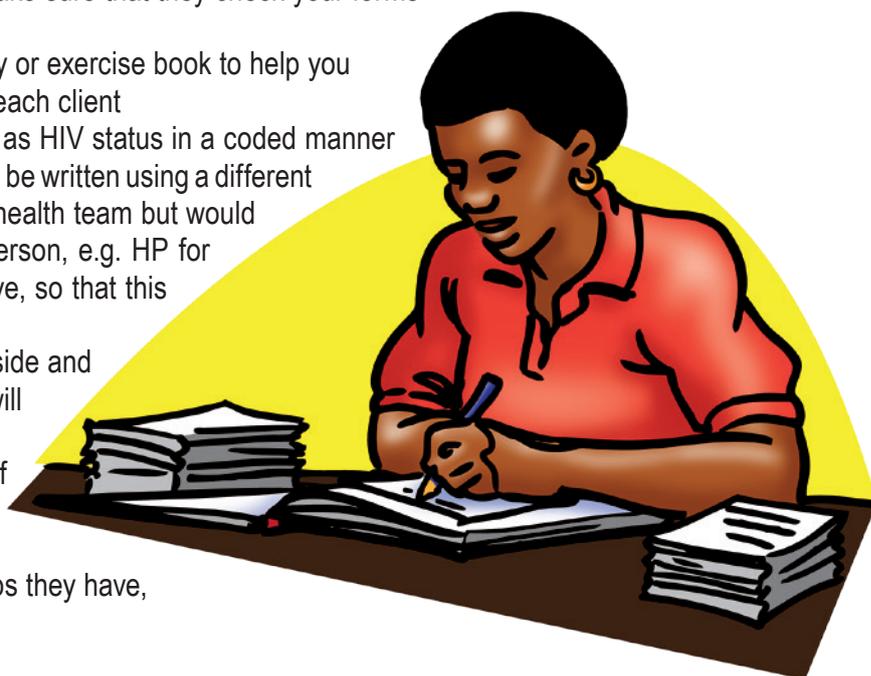
- When sharing case stories at meetings, the details of the case can be discussed but the names and other

details that may show who the person is (like address) may not be shared

- Diaries and data collection tools should not be left lying in places where others may read them (even the CCGs' family members) [see Lesson 1.1 for more information on Confidentiality]

5. What is important to remember when filling in data collection tools?

- Please make sure that there are no empty spaces (blanks) on your forms. If information is not applicable write 'N/A' (not applicable). If information is not available write: 'do not know'. If you do not know what to write, speak to your supervisor
- It is very important to fill out the forms neatly. Do not scratch out untidily as it will make the form difficult to read and may cause the wrong information to be captured
- It is also important to make sure the information you write on the sheet is correct. Ask the question again to make sure that the understanding of the question and the response is the same compared to when you asked the question the first time
- Arrange with your supervisor to make sure that they check your forms regularly
- Record all information in your diary or exercise book to help you remember the health condition of each client
- Record sensitive information such as HIV status in a coded manner (this means that HIV-positive would be written using a different word that would be known by the health team but would not be recognised by any other person, e.g. HP for HIV-positive or HN for HIV-negative, so that this information is kept confidential)
- Watch the household members inside and look outside the household. This will also give you a lot of information. You will be able to see things like if they have good personal hygiene and keep their environment clean, as well as what kind of relationships they have, e.g. between parents and children
- Use the information by sharing with other CCGs and learning their best practices for what has worked in a particular situation. They can also learn from your experiences and best practices



6. What is the Household Profiling Tool?

As part of Operation Sukuma Sakhe, a Household Profiling Tool has been developed for use by CCGs. This tool will help you to gather as much information about each member of the household to enable you to identify household needs. The Household Profiling Tool is a document which has to be completed for each household. It records how many people live in a household, what their ages and health and social status are.

If as a CCG, you are attached to a War Room, you may have already received the five day training on the Household

Profiling Tool. For those who have not received training or are not attached to a War Room, you should request training and copies of the Household Profiling Tool from your local municipality.

Once the Household Profiling Tool has been completed, it is taken to the local War Room where the needs from all households are summarised and discussed.

In the next section is a view of Section 2 of the Household Profiling Tool (a copy of the Household Profiling Tool can be found inside your Back Pack). In this section, you will be provided with skills to help you complete the Household Profiling Tool or any reporting forms or tools you are required to complete.

7. How to complete the Household Profiling Tool?

The Household Profiling Tool is completed by the CCGs during the Household Profiling visit. This section will focus on providing guidance to the CCG on how to complete the Household Profiling Tool in each block as highlighted below:

For example:

Question 2.1

First name and surname.

- The Head/Acting Head 01 – for the person you fill under this column – Thandi Khumalo
- The next person 02 – for the person you filled in as 02 – Bongki Khumalo
 - Any answers that you fill in for **Thandi Khumalo** will always go in the column Head/Acting Head 01
 - Any answers that you fill in for **Bongki Khumalo** will always go in the column 02
 - The same will apply to each person you place in their column 03, 04, etc
 - You may either write their full first name or their initials

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
		First Name/ Initials	Surname	First Name/ Initials	Surname	First Name/ Initials	Surname
2.1	First name and surname		O		O		
	<i>Please write the name and surname of each member of the household, starting with the head or acting head vertically from bottom to top. If more than one head or acting head, take the oldest (Print in block letters)</i>	I	L		L		
		D	A	I	A		
		N	M	G	M		
		A	U	N	U		
		H	H	O	H		
		T	K	B	K		

Question 2.2

This question is to verify that members listed as household members are indeed household members. Please place with an X in the block provided to indicate whether the specific household member has stayed in the house for at least 4 nights a week during the last 4 weeks. Indicate 1 for 'Yes' or 2 for 'No'.

Thandi and Bonggi live permanently in this household.

- Please place an X in the block next to the number '1' for Yes for both of them
- Please place an X in the block next to the number '2' for No if the specific household member did not stay in the house at least 4 nights a week during the last 4 weeks

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.2	Has Stayed in this household for at least four nights on average per week during the last four weeks? 1 = Yes 2 = No	X	1	X	1		1
			2		2		2

Question 2.3

This refers to the gender of each household member. Thandi and Bonggi are females.

- Please place an X in the block next to the number '1' for Male if the specific household member is a male
- Please place an X in the block next to the number '2' for Female if the specific household member is a female

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.3	Is a male or a female? 1 = Male 2 = Female		1		1		1
		X	2	X	2		2

Question 2.4

- This refers to the age of each household member. This should be written in completed years in whole numbers. For a child less than a year, please write 00. If the child is 5 years old write 05, if the person is 55 years old write 55, e.g. Thandi is 67 years old and Bonggi is 56 years old

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.4	How old is ...? (in completed years – in whole numbers) Less than 1 year = 00	6	7	5	6		

Question 2.5

- If the Head/Acting Head 01 (Thandi Khumalo) is married, place an X in the block next to the number 1 under the column for Head/Acting Head 01
- If the next person 02 (Bongi Khumalo) has never been married/single then you will place an X in the block next to the number 5 in column 02

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.5	What is’s present marital status?	X	1		1		1
	1 = Married		2		2		2
	2 = Cohabitation (Living together like husband and wife)		3		3		3
	3 = Widow/widower		4		4		4
	4 = Divorced/separated		5	X	5		5
	5 = Never married/single						

Question 2.6

- This refers to the relationship of each household member to the head of the household (person on '01'). Please mark using specific codes provided from 1 – 11 in the Household Profiling Tool. Bongji is Thandi's sister. This means that the code for Thandi is '1' because she is the head of the household. The code for Bongji is '4' because she is Thandi's sister

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.6	What is’s relationship to the head of the household? (i.e. to the person in column 01) 1 = Head/acting head 2 = Husband/wife/partner 3 = Son/daughter/stepchild/adopted child 4 = Brother/sister/step brother/step sister 5 = Father/mother/step father/step mother 6 = Grandparent/great grandparent 7 = Grandchild/great grandchild 8 = Other relative (e.g. in-laws, aunt or uncle) 9 = Non-related persons 10 = Foster child 11 = Niece/nephew	X	1		1		1
			2		2		2
			3		3		3
			4	X	4		4
			5		5		5
			6		6		6
			7		7		7
			8		8		8
			9		9		9
			10		10		10
			11		11		11

Question 2.7

- This refers to whether each of the members of the household has Vital Documents (ID/Birth Certificates). Please place an X in the block provided to indicate whether 1 for 'Yes' or 2 for 'No'. Both Thandi and Bongji have identity documents

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.7	Does have an ID/Birth Certificate/ Passport/Resident Permit? 1 = Yes 2 = No	X	1	X	1		1
			2		2		2

Question 2.8

- In this part, please write the identity number of the specific household member in the relevant column. This number should be written vertically from bottom to top (up the column) in the blocks provided. In cases when a household member refuses to give the identity number, please write 'Refused'

		PERSON NUMBER		
		Head/Acting Head 01	02	03
2.8 Write the ID/Birth Certificate/Passport/Resident Permit number <i>Interviewer: Write vertically from bottom to top in the blocks provided. In the case of refusal, write refused.</i>		8	8	
		8	8	
		0	0	
		1	2	
		1	1	
		0	0	
		0	0	
		2	5	
		2	0	
		2	5	
		1	0	
		4	5	
		4	5	

Question 2.9

- This refers to the type of the document each household member has. Please place an X next to the block using the specific codes provided from 1 – 4 in the Household Profiling Tool

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.9 Indicate the type of identity document you have 1 = ID number 2 = Birth certificate 3 = Passport 4 = Resident Permit	X	1	X	1		1	
		2		2		2	
		3		3		3	
		4		4		4	

Question 2.10

- This refers to the disability that a household member might have by using specific codes provided in the appropriate blocks. Use the specific codes from the list of 1 – 6 from the Household Profiling Tool. Please place an X under the column Yes or No for each disability type per household member

		PERSON NUMBER												
		Head/Acting Head 01			02			03						
		Yes	No		Yes	No		Yes	No		No			
2.10	Does have a disability?													
	1 = With sight (blind/severe visual limitation)	1	X	1	1	X	1	1		1			1	
	2 = With hearing (deaf, profoundly hard of hearing)	2	X	2	2	X	2	2		2			2	
	3 = In communicating (speech impairment)	3	X	3	3	X	3	3		3			3	
	4 = Physically (e.g. needs wheelchair, crutches or prosthesis)	4	X	4	4	X	4	4		4			4	
	5 = Intellectually (serious difficulties in learning, mental retardation)	5	X	5	5	X	5	5		5			5	
	6 = Emotionally (behavioural, psychological problems)	6	X	6	6	X	6	6		6			6	

Question 2.11

- This refers to the level of education each household member might have. Please place an X next to the specific codes provided in the appropriate block from the list of 1 – 8 in the Household Profiling Tool
- Use these codes to indicate the highest level of education that each household member successfully completed

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.11	What is the highest level of education that’s has successfully completed?		1		1		1
	1 = No schooling		2		2		2
	2 = Grade R to Grade 9 (Grade R to standard 7)		3		3		3
	3 = Grade 10/standard 8/form 3		4	X	4		4
	4 = Grade 11/standard 9/form 4	X	5		5		5
	5 = Grade 12/standard 10/form 5/matric		6		6		6
	6 = College/University of Technology/Technikon		7		7		7
	7 = Adult Basic Education & Training		8		8		8
8 = University							

Question 2.12

- This aims to find out for each household member who is still attending school or any other educational institution
- Please place an X in the block next to '1' for Yes for those who are still attending school and '2' for No for those who are NOT attending school
- If the answer to this question is No then you need to miss out all the next questions until you get to question No 2.15

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.12	School attendance		1		1		1
	Is currently attending school or any other educational institution/ABET?	X	2	X	2		2
	1 = Yes						
	2 = No → skip to question 2.15						

Question 2.13

- This aims to find out whether those household members who are still attending school walk to get to school or the educational institution
- Please place an X in the block provided with '1' for Yes for those who walk to get to school and '2' for No for those who DO NOT walk to get to school
- If the answer is No then skip to 2.15 once the relevant person's information has been completed

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.13	Does walk to school?		1		1		1
	1 = Yes 2 = No → skip to question 2.15		2		2		2

Question 2.14

- This aims to find out the estimated time it takes for those household members who walk, to get to school or the educational institution. Please place an X in the block provided from the list of 1 – 6 in the Household Profiling Tool
- **NB:** this only applies to those who were marked as Yes for 2.13

		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.14	How many minutes does’s walk to school?		1		1		1
	1 = within 30 minutes		2		2		2
	2 = within 60 minutes		3		3		3
	3 = within 90 minutes		4		4		4
	4 = within 120 minutes		5		5		5
	5 = within 150 minutes		6		6		6
6 = more than 150 minutes							

Module 1

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Lesson 1.3

Recording and Reporting

Question 2.15

- This refers to the skills that each household member might have. Please place an X in the block from the list of 1 – 18 in the Household Profiling Tool
- **NB:** this is only relevant for the household member older than 16 years

<i>Interviewer: Ask for those 16 years and older (Questions 2.15 to 2.19)</i>		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.15 What skills does have? 1 = Computer skills 2 = Baking 3 = Cooking/catering 4 = Painting 5 = Brick laying 6 = Waitressing 7 = Security 8 = Home and community-based caregiving 9 = Welding 10 = Carpentry 11 = Electrical 12 = Plumbing 13 = Child care/ECD development 14 = Plastering 15 = Farming 16 = Sewing 17 = Bookkeeping 18 = None		1		1		1	
	X	2		2		2	
	X	3		3		3	
		4	X	4		4	
		5		5		5	
		6		6		6	
		7		7		7	
		8		8		8	
		9		9		9	
		10		10		10	
		11		11		11	
		12		12		12	
		13		13		13	
		14		14		14	
		15		15		15	
		16		16		16	
		17		17		17	
		18		18		18	

Question 2.16

- This aims to find out about the employment status of the household members. It refers to finding out whether household members have worked for wage, salary, commission, etc. Please place an X in the block provided with '1' for Yes for those who worked and '2' for No for those who DID NOT work
- If the answer to the question is No then skip to question No 2.18 once the relevant person's information has been completed

<i>Interviewer: Ask for those 16 years and older (Questions 2.15 to 2.19)</i>		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.16	In the previous week, did Work for a wage, salary, commission or any payment in kind (including paid domestic work, profit from own business, farming, etc)? 1 = Yes 2 = No → skip to question 2.18		1		1		1
		X	2	X	2		2

Question 2.17

- This aims to find out more about the employment status from those marked 'Yes' for 2.16. Please place an X in the block from the list of 1 – 6 in the Household Profiling Tool

<i>Interviewer: Ask for those 16 years and older (Questions 2.15 to 2.19)</i>		PERSON NUMBER					
		Head/Acting Head 01		02		03	
2.17	If Yes in 2.16 then was the employment 1 = Permanent? 2 = Temporary? 3 = Contract? 4 = Self employed? 5 = Internship? 6 = Volunteering?		1		1		1
			2		2		2
			3		3		3
			4		4		4
			5		5		5
			6		6		6

Question 2.18

- This aims to find out more on the employment status of those marked 'No' for 2.16 to know their options. Please place an X for each question from the list of the answers 1 – 3 in the blocks in the Household Profiling Tool under Yes or No to each of the 3 questions
- NB:** this is only relevant for the household member older than 16 years

<i>Interviewer: Ask for those 16 years and older (Questions 2.15 to 2.19)</i>		PERSON NUMBER								
		Head/Acting Head 01		02		03				
2.18	If no in 2.16 (unemployed) then would like to...	Yes		No		Yes		No		
	1 = Seek employment?	1	X	1	1	X	1	1	X	1
	2 = Start own business?	2	X	2	2	X	2	2	X	2
	3 = Volunteer to help without pay in a programme?	3	X	3	3	X	3	3	X	3

Question 2.19

- This aims to find out more on employment status from those marked 'No' for 2.16 to know whether they have given up on seeking employment. Please place an X in the block provided with '1' for Yes for those who have given up and '2' for No for those who DID NOT give up on seeking employment

<i>Interviewer: Ask for those 16 years and older (Questions 2.15 to 2.19)</i>		PERSON NUMBER							
		Head/Acting Head 01		02		03			
2.19	Have you given up on seeking employment?	NA		X		1		1	
	1 = Yes								
	2 = No	2		2		2		2	

Module 1

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Lesson 1.3

Recording
and Reporting

Role Play

Role play the completion of the Household Profiling Tool.

Facilitator will show the tool to the CCGs. A copy is in their Back Packs to remind them of what tool to request from their local War Rooms or supervisors. The facilitator should allow CCGs to complete section 2 and allow the CCG to ask questions to make sure they understand.

Exercise

1. What is recording?

2. What is reporting?

3. Name two to three reasons why recording and reporting is important?

4. What skills can help you with M&E? (e.g. listening)

Exercise

What is data confidentiality and how will you ensure this?

In summary:

Everything the CCG has learnt all comes together to help you screen, educate and refer.

- The screening tools help the CCG understand what are the needs of the household
- Lessons in the course and the Household Guide with its pictures and care pathways, help the CCG educate clients
- The CCG networks and directory of services, help in referring
- The M&E tools help the CCG report on what has been done and helps to share important information with the War Room and other CCGs and their supervisors
- Throughout this process, the CCG will need to observe, listen, communicate, facilitate and mobilise. These skills help the CCG make all this happen

So everything you have learnt fits together to help you help the community.

8. Sharing and learning at meetings

One of the most important parts of helping people is to be able to share and learn at meetings such as the War Room and CCG meetings. CCGs have many households and clients to work with and it is not possible to talk about everything at these meetings. A CCG will need to know what issues to raise at the meetings.

Tips for meetings

What you can discuss/share at meetings:

- What are the most important issues and community needs
- What has been done to try and solve these issues (referrals, educating household using care pathways)
- Are these things working? If not why and what else can be done
- Are there any positive points to share and discuss?

- What can we learn from what we do? For example can we find a better way?
- Be clear
- Use the communication skills you learned in Lesson 1.1 which tells you how to use your voice, body language and words
- Always keep client details confidential
- Be confident and believe in what you are saying
- Give others a chance to comment. Respect everyone's opinion even if you do not agree with it
- Always keep it simple and try to be quick because everyone must have a chance to discuss their points and also to give you feedback
- The main discussion points of the meeting should be written down. This does not have to be too long. At the beginning of the meeting, discuss who will write down the main discussion points and actions of the meeting. This is important so that everyone knows what needs to be done after the meeting and to help check if it was done when you next meet
- It is also good to decide on who will chair/run/manage the meeting in the absence of the supervisor. The chair is someone who will guide the meeting making sure everyone gets a chance to talk and that everyone is respectful. The chair should not be the person who is writing down what is said. It is too hard to do both of these things at the same time

Preparation for role play

1. Prepare to do a role play at the end of the course, of a CCG meeting or War Room meeting. Divide into groups. Each group must use ONE of the case studies (found at the end of each module) to discuss and write down:
 - What are the most important points to present at the CCG meeting using the case study that you have been given?
 - Each group must choose a person who will then go to the CCG meeting to discuss these important points
 - Each representative will sit in a circle in front of the rest of the group to show how a CCG meeting will be run
2. Work with your team members during the course to prepare for the role play. Use the information from these lessons and the lessons in the coming days to help you.
3. The role play will be carried out on the last day of the course.
4. After the role play, you will have a discussion to see what worked and what could be improved.

